#### Return completed forms to:

Wisconsin Department of Natural Resources Bureau of Drinking Water & Groundwater – DG/5 PO Box 7921, Madison, WI 53707-7921 dnr.wi.gov

### High Capacity, School or Wastewater Treatment Plant Well Approval Request

Form 3300-295 (R 9/20)

Page 1 of 4

**Notice**: Pursuant to §§ NR 812.09(4)(a) & (b), Wis. Adm. Code, prior Department of Natural Resources (DNR) approval is required for the construction, reconstruction or operation of a high capacity well or system of high capacity wells, a school well or a wastewater treatment plan well. This form is required to be completed to request approval for installation of a well or wells on a high capacity property, to modify a well on a high capacity property, or the construction or reconstruction of a school or wastewater treatment plant well. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records law (s.19.31-19.39, Wis. Stats.).

Applicant Information		
Name and Title	Company	
Street Address	City	State ZIP Code
Phone Number (include area code) Fax Number	Email Address	
Owner Information (if different than applicant)		
Name and Title	Company	
Street Address	City	State ZIP Code
Phone Number (include area code) Fax Number	Email Address	
Operator Information (if different than owner)		
Name and Title	Company	
Street Address	City	State ZIP Code
Phone Number (include area code) Fax Number	Email Address	
Submittal Purpose		
Check all that apply		
Install one or more new wells with a capacity greater than 70 greater than 70 greater one or more wells with a capacity less than 70 greater than 70 greater one or more wells with a capacity greater than 70 greater one or more wells with a capacity less than 70 greater than 70 greater one or more wells with a capacity greater than 70 greater than 70 greater one or more wells with a capacity less than 70 greater one or more wells with a capacity less than 70 greater one or more wells to a rate greater of greater one or more wells to a rate greater of greater of greater of greater of greater of greater one or more wells to a rate greater of gr	gallons per minute on a high cap gallons per minute. lons per minute on a high capac 70 gallons per minute. gallons per minute on a high ca	city property.
Project Description		
Provide a brief description of the proposed project including the number of acres and expected crop rotation for agricultural irrigatic currently or plans to become a concentrated animal feeding operations.	on wells. For potable wells servi	
Required Enclosures		
High Capacity Well Application (Form 3300-295)  \$500 application fee (see s. 281.34 (2), Wis. Stats.)  Well Construction Reports (if available) for existing wells	Potable Attachment: if a prop Aerial or Plat Map with prop Variance Request, if neede	•

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State of Wisconsin, Department of Natural Resources Bureau of Drinking Water & Groundwater – DG/5 PO Box 7921, Madison, WI 53707-7921 dnr.wi.qov

## High Capacity, School or Wastewater Treatment Plant Well Approval Request

Form 3300-295 (R 9/20)

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This form is used to request an approval for the construction or reconstruction of a well or wells on a high capacity property, to modify an existing well on a high capacity property, or the construction or reconstruction of a school or wastewater treatment plant well. The following information will be scanned and posted as a public record on our website. Return completed application to:

Wisconsin Department of Natural Resources Bureau of Drinking Water & Groundwater - DG/5 PO Box 7921 Madison, WI 53707-7921

Applicant Information								
Name and Title				Company	Company			
Owner Information								
Name and Title				Company	,			
County	Town	Range	East OWest	Section Hi	ection High Capacity Well File No. (if applicable)			
Yes No								
○ Isaproposed well within 1	,200 feet of a lar	ndfill? Landfill	location: (Towns	ship/Range/Se	ection): T R	S		
Are you aware of any ex Wisconsin Administrative Existing Well Information	e Code? If yes,	attach a des	cription of the no	on-complying	wells.			
Enter the following information for <b>Note: Applications are not com</b>								
Well Name and/or	Water Use	High Capacity	Pump Capacity	Decimal [	Well Coordinates Degrees Preferred .1234, -89.1234)	WUWN or WCR		
Number assigned by Owner		Well Number		Latitude	Longitude	Image File # (if known)		

Additional Project Information

Include any additional relevant information regarding this project such as existing wells to be abandoned, proposed non-standard construction methods or pending ownership changes

# High Capacity, School or Wastewater Treatment Plant Well Approval Request Form 3300-295 (R 9/20) Page 2 of 4

Proposed Well Information							
Enter the following information for all propose	d wells on the property	. If more than two wells or	alternate co	nstruction, s	submit ad	ditional sheet	is.
Well Location and Usage	Opotable	O Non-Potable	○ P	otable	○ No	n-Potable	
Well Name Assigned by Well Owner (North Well, etc.):							
Town/Range/Section:	1/4 1/4 S	T R	1/4	1/4 S	Т	R	
Latitude :							
Longitude:							
Water Use Code (e.g. IR10):							
Proposed Maximum Water Usage Per Day in Gallons:							
Proposed Maximum Water Usage Per Month in Gallons:							
Months of Operation (e.g. May - Sept):							
Proposed Pump Type & Capacity(gpm):							
Discharge Type (Over Top of Casing Seal, Pitless Adapter or Unit):							
Discharge Location (Building Pressure Tank, Pond, etc.):  Distance and Direction to Nearest Public							
Utility Well & Well Name:							
Distance to Other Potential Contaminant Sources:							
Well Construction							
Drilling Method(s) (Rotary, Percussion, Etc.):							
Anticipated Geological Materials and Depths	that are expected durin	ng drilling:					
Material and Depth Interval:		from ' to	'		from	' to	
Material and Depth Interval:		from ' to	'		from	' to	
Material and Depth Interval:		from ' to	'		from	' to	
<b>Drillhole Diameter and Anticipated Dept</b>	h Intervals:						
Diameter and Depth Interval:		from ' to	'		from	' to	
Diameter and Depth Interval:		from ' to	1		from	' to	' [
Permanent Casing or Liner Material, If U	Jsed:						
Diameter and Wall Thickness:	" dia" thic	k from ' to	' " dia	" thick	from	' to	'
Diameter and Wall Thickness:	" dia" thic	k from ' to	" dia	" thick	from	' to	'
Casing Material and Joints (Welded, T and C, etc.):							
Weight at Depth Interval:	lbs/foot	' to	lbs/f	oot	' to	1	•
Weight at Depth Interval:	lbs/foot	' to	lbs/f	oot	' to	ı	,
Screen Material and Casing to Screen Joint (Welded, T and C, K Packer, etc.):							
Screen Slot Size in Inches and Depth Interval or N/A if none:		from 'to	•		from	' to	'
Annular Space Material Including Filter	Pack Material, If Use						
Material and Depth Interval:		/ 0 'to			/ (	) ' to	
Applicant Signature							
By signing this form, I certify that to the best that unsigned or incomplete applications w		Il information in the appli	cation is acc	urate and	correct. I	understand	
Name – Print			Se	elect One:	$\bigcap \Delta C$	gent of Owner	—
Signature		Company			Da	-	